

clinical characteristics of patients with panic disorder in the emergency department are not known.

**Objectives:** This study was designed to investigate data related to panic attack and treatment in emergency room of panic disorder patients who visited emergency room for panic attack.

**Methods:** A retrospective analysis of medical records was conducted on 92 patients with panic disorder who visited Chungju Konkuk university hospital emergency department due to panic attack and had bodily symptoms from 1st January 2010 to 31st December 2019. In addition to demographic characteristics and comorbid disorders, triggering stressors and alcohol consumption were corrected as pre-panic attack data, bodily symptoms at the time of panic attack were corrected as data during attack, electrocardiogram trial, consultation with psychiatrist, admission and information of used psychotropic drugs were corrected as post-attack data. Depending on size of data, Chi-square test or Fisher's exact test was used. Collected data was analyzed using R 4.03.

**Results:** Cardiovascular disease was accompanied by 5.4% and depressive disorder was the most common coexisting mental disorder. Among triggering stressors, economic problem/work-related stress was significantly higher in men than women ( $\chi^2=4.322$ ,  $p<0.005$ ). The most common physical symptom during attack was circulatory (65.2%), followed by respiratory (57.6%), numbness-paralysis (33.7%), dizziness (19.6%), gastro-intestinal (14.1%) and autonomic symptom (12.0%). Electrocardiogram was taken at higher rate when patients complained circulatory symptom ( $\chi^2=8.46$ ,  $p<0.005$ ). The psychotropic drug most commonly used in emergency room was lorazepam, used in 92.1%.

**Conclusions:** The most common bodily symptom during panic attack was circulatory symptom and the most common triggering stressor in men was economic problem/work-related stress. The most commonly used psychotropic for panic attack was lorazepam.

**Disclosure of Interest:** None Declared

## EPV0071

### Can we prevent anxiety in adults with congenital heart disease with good parenting practices in childhood?

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**Introduction:** Medical-technical advances are contributing to the increased life expectancy of children with congenital heart disease (CHD) (Ladouceur et al., 2021). As they grow up into adulthood, they face many challenges (eg. surgeries, hospitalizations, separations from family, cardiac symptoms, anxiety symptoms). It is known that some parenting practices like parental overprotection during childhood are associated with anxiety in the general population, but little is known in this population.

**Objectives:** We aim to measure the contribution of parental practices (global; positive: warm care, consistent structure, autonomy support; and negative: overprotection) to explain variance in anxiety symptoms in adults with CHD, beyond sociodemographic and antecedents of pediatric hospitalisations.

**Methods:** An observational cross-sectional study was conducted on 223 adults with CHD followed at the Montreal Heart Institute. We evaluated anxiety symptoms and retrospective parental practices using validated self-reported questionnaires, namely the *Hospital Anxiety and Depression Scale*, the *Parental Bonding Inventory*, the

*Perceived Parental Autonomy Support* and the *Multidimensional Parental Structure Scale*. Sociodemographic and antecedents of pediatric hospitalisations information was collected from medical records and pediatric archives. Hierarchical multiple linear regression analyses were conducted.

**Results:** The average age of our participants is 46 years and the majority (59 %) were female at birth. The median number of hospitalisation before 18 years old was two. 15 % presented severe anxiety symptoms (HADS-A  $\geq 11$ ), 17 % had moderate symptoms (HADS-A = 8-10), and 68 % had mild or no symptoms (HADS-A  $\leq 7$ ).

The inclusion of parenting practices significantly increased the proportion of variance explaining anxiety symptoms. They explained more variance (13%) than sociodemographic and pediatric hospitalisations combined (10%).

In this model, only positive parenting practices were significantly associated with anxiety, in contrast to parental overprotection.

When the parental practices were analyzed separately, positive practices (autonomy, care, and structure) were negatively associated with anxiety symptoms, while overprotection was positively associated with anxiety symptoms.

**Conclusions:** Our results suggest that although our participants' physical health may be limited by their CHD, the majority report a low anxiety scores. Further, parenting practices appear to be malleable predictors of anxiety. Beyond avoiding overprotective parenting style, positive and supportive parenting practices are potential targets for future initiatives to prevent anxiety symptoms in adults with CHD.

**Disclosure of Interest:** None Declared

## EPV0072

### Relationship between Glycated Hemoglobin in Adolescents with Type 1 Diabetes Mellitus (T1DM) and Parental Anxiety and Depression

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**Introduction:** T1D is the most common chronic endocrine pathology in children. The management of type 1 diabetes requires strong diet, physical activity, lifelong insulin therapy, and proper self-monitoring of blood glucose and is usually complicated and, therefore may result in a psychosocial problems for the whole family. Metabolic control of the disease is determined by glycated haemoglobin (HbA1c), the main criterion for diabetes compensation. It is assumed that anxiety and depression symptoms negatively affect glycaemic control. Parental psychological distress was associated with higher child self-report of stress and depressive symptoms, and it had negative effects on diabetes management.

Type 1 diabetes mellitus (T1D) is the most common chronic endocrine pathology in children. The management of type 1 diabetes requires strong diet, physical activity, lifelong insulin therapy, and proper self-monitoring of blood glucose and is usually complicated and, therefore may result in a variety of psychosocial

problems for children, adolescents, and their families. Metabolic control of the disease is determined by glycated haemoglobin (HbA1c), the main criterion for diabetes compensation. A correlation is observed between anxiety and depression level and glycaemic control in many previous studies. It is assumed that anxiety and depression symptoms negatively affect glycaemic control. Parental psychological distress was associated with higher child self-report of stress and depressive symptoms, and it had negative effects on diabetes management.

**Objectives:** To evaluate the relationship between parental depression and anxiety and metabolic control of their adolescents with T1DM.

**Methods:** Cross-sectional study recruited adolescents with T1D (N=251) and their parents (N=251). Anxiety level was measured by 7-item Generalized Anxiety Disorder (GAD-7) scale. Depressive symptoms were detected using The Patient Health Questionnaire – 9 (PHQ-9). Glycaemic control of patients was assessed using the last HbA1c values. GLM mediation analysis was performed to determine the potential mediating effect of parental depression and anxiety on the relationship between depression and anxiety of the child on the level of glycated hemoglobin.

**Results:** 502 respondents were eligible for screening. Mediation analysis was performed to assess the mediating role of parent GAD-7 on the linkage between HbA1c, child GAD-7 and child PHQ-9. The total effect of child GAD-7 on HbA1c was significant but the total effect of child PHQ-9 was not. With the inclusion of the mediating variable (parent GAD-7) (Figure 1), the indirect effect of child GAD-7 and the child PHQ-9 on HbA1c through parent GAD-7 was found significant (Table 1).

**Image:**

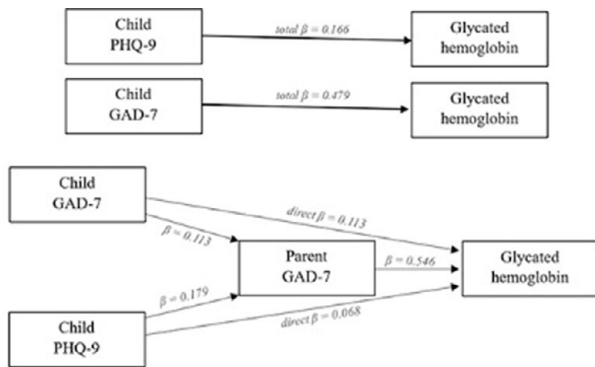


Figure 1. GLM mediation analysis, which include the glycated hemoglobin as the dependent variable, parent GAD-7 score as the mediator variable and child GAD-7 and PHQ-9 score as independent variables.

**Image 2:**

Table 1. GLM mediation analysis, which include the glycated hemoglobin as the dependent variable, parent GAD-7 score as the mediator variable and child GAD-7 and PHQ-9 score as independent variables. Confidence intervals were calculated by using bootstrap procedure (10,000 bootstrapped samples). The reported betas are completely standardized effect size.

Type	Effect	Estimate	95% CI of estimate		$\beta$	z	p
			lower	Upper			
Indirect	Child GAD-7 → Parent GAD-7 → Glycated hemoglobin	0.096	0.052	0.139	0.366	4.319	<0.001
	Child PHQ-9 → Parent GAD-7 → Glycated hemoglobin	0.022	0.004	0.038	0.098	2.565	0.010
	Child GAD-7 → Parent GAD-7	0.665	0.519	0.815	0.669	8.828	<0.001
Component	Parent GAD-7 → Glycated hemoglobin	0.144	0.093	0.194	0.546	5.612	<0.001
	Child PHQ-9 → Parent GAD-7	0.151	0.035	0.263	0.179	2.607	0.009
Direct	Child GAD-7 → Glycated hemoglobin	0.029	-0.029	0.089	0.113	0.982	0.326
	Child PHQ-9 → Glycated hemoglobin	0.015	-0.025	0.055	0.068	0.742	0.458
	Child GAD-7 → Glycated hemoglobin	0.126	0.068	0.183	0.479	4.300	<0.001
Total	Child GAD-7 → Glycated hemoglobin	0.037	-0.011	0.086	0.166	1.496	0.135
	Child PHQ-9 → Glycated hemoglobin						

**Conclusions:** Parental anxiety is a significant risk factor for child depression and anxiety, which determines poorer T1D metabolic compensation and worse HbA1C scores.

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EPV0073

## TELE-PSYCHOTHERAPY OF ANXIETY AND DEPRESSION DISORDERS

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**Introduction:** The process of integrating technology into mental health pathways represents a social transformation that we are gradually getting used to. But does it represent a valid alternative to face-to-face care processes? In this paper we will consider telepsychology as a tool for treating anxiety and depression and its validity. Anxiety and depression are harmful to individuals, suffering from these disorders, their caregivers, and the economy. Remote delivery of psychotherapy has been established as a viable alternative to traditional in-person psychotherapy for treating anxiety and depression. However, literature comparing and evaluating the variety of remote delivery modalities of psychotherapy has not yet been integrated.

**Objectives:** This review examines the efficiency – to - practice and the limits of e-therapy and its mediums: telephone, video, and online-administered psychotherapy, for treatment of anxiety and depression.

**Methods:** A comprehensive literature search, conducted using PubMed and PsycINFO included systematic reviews, randomized controlled trials, and cost-analysis studies focused on a remote delivery method of e-psychotherapy for anxiety and depression

**Results:** Overall, interventions delivered through telephone, video, and online modalities, have generally demonstrated good efficiency in treating anxiety and depression; also comorbid with other disorders. The literature also suggested that telehealth psychotherapy is accessible, convenient, and cost-effective.

In evaluating the reviews on the databases, it also emerged that among the many psychological therapies for anxiety disorders, delivered digitally (CBT, Attention bias modification, Exposure therapy, Applied relaxation, Bibliotherapy, Psychodynamic therapy, Mindfulness, Behavioral stress management, Counseling), the best digital therapy is internet-based cognitive behavioral therapy (iCBT), in particular for Social Anxiety Disorder (SAD).

Despite this, overall, the efficiency and practical benefits of remote psychotherapy interventions in treating anxiety and depression across a diverse range of patient groups suggested that it is an appropriate alternative for those who cannot access in-person psychotherapy.

**Conclusions:** Further research evaluating the efficiency and practical benefits of e-psychotherapy for anxiety and depression is much needed for patients with limited access to in-person psychological care. Moreover, it remains to evaluate the maintenance of therapeutic gains after the end of the treatments.

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